

# THE COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF PUBLIC SAFETY

PLEASE SUBMIT APPLICATION TO:  
ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MASSACHUSETTS 02108

### TICKET RESELLERS LICENSE

#### Description

No person shall engage in the business of reselling any ticket or tickets of admission or other evidence of right of entry to any theatrical exhibition, public show or public amusement or exhibition without being licensed therefor by the Commissioner of Public Safety.

#### Personal

Must complete Ticket Reseller Application

Must submit to a criminal records check

Applicant will be notified of additional requirements after application is received

#### Professional

Must provide affidavits or recommendations from two reputable Massachusetts citizens verifying the reputation of the applicant

#### Fees

License is \$250.00

#### Agency

Commonwealth of Massachusetts  
Department of Public Safety  
One Ashburton Place, Room 1301  
Boston, MA 02108  
(617) 727-3200 ext. 25237

**Ticket Reseller fee \$250.00**



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### Applicant Information:

Name \_\_\_\_\_

Residence \_\_\_\_\_  
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Business Name \_\_\_\_\_ E-Mail Add. \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Father's Full True Name \_\_\_\_\_

### Please Complete the Following:

Have you registered your business name in accordance with C 110, S.5, Mass General Laws? \_\_\_\_\_

Are you engaged in representing an agency outside the Commonwealth \_\_\_\_\_ If so, give name and address of any such individual or outside agency.

I certify under the penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes (chapter 62C, S.49A)

\_\_\_\_\_  
Signature of Individual or Corporate Name By: \_\_\_\_\_  
Corporate Officer (if applicable)

\_\_\_\_\_  
Social Security Number of Individual

\_\_\_\_\_  
Federal Identification Number

### [ ] (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	

GDPSLU

Revised June 2015



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**CORI REQUEST FORM**

Massachusetts Department of Public Safety-Special Licensing Unit has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
APPLICANT INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Requested but not required)

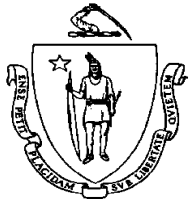
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE



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AFFIDAVIT REFERENCES

LICENSE APPLICANT NAME: \_\_\_\_\_

LICENSE TYPE: \_\_\_\_\_

DATE: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

DATE: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

DATE: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_